



REGISTRATION FORM
Southern Group of State Foresters
June 8-11, 2008



Columbia Convention Center and The Hilton Hotel - Columbia, South Carolina
(Complete one form per regular participant and include spouse/guests here)

| | | | |
|--|--|-----------------------------------|------------|
| Registrant Name: _____ | | Preferred Name on Name Tag: _____ | |
| Title: _____ | | Representing: _____ | |
| Check your affiliation: <input type="checkbox"/> State Forester <input type="checkbox"/> Management Committee <input type="checkbox"/> Fire Committee <input type="checkbox"/> Urban Committee | | | |
| <input type="checkbox"/> Deputy/Assistant State Forester <input type="checkbox"/> Communications Committee <input type="checkbox"/> Federal Agency <input type="checkbox"/> Speaker | | | |
| <input type="checkbox"/> Other _____ | | | |
| Mailing Address: _____ | | | |
| City: _____ | | State: _____ | Zip: _____ |
| Telephone #: _____ | | Fax #: _____ | |
| E-mail Address: _____ | | | |

| | |
|---|--------------------------|
| <input type="checkbox"/> Participant Registration Fee: \$300 before April 1; \$350 until May 1; after May 1 - \$400 | \$ _____ |
| <input type="checkbox"/> Spouse and Guest Registration(s): Number of additional registrations _____ @ \$ 250 = | \$ _____ |
| Name(s) for guest name tags: _____ | |
| <input type="checkbox"/> Pre-conference canoe trip (3pm-5pm) Number of participants _____ @ \$ 30 = | \$ _____ |
| (separate check payable to SGSF) | |
| Make checks payable to: "Southern Group of State Foresters" or "SGSF" Total Amount Due: \$ _____ | |
| If you prefer that we invoice participant registration against an approved purchase order, please indicate the PO number below. Please contact Cathy Nordeen at 803-896-8865 if you have questions. SGSF FEIN # 522131892 | |
| Invoice me against Purchase Order # _____ | Amount Enclosed \$ _____ |

| | |
|--|----------------------------|
| Transportation Needs (check the appropriate box): | |
| <input type="checkbox"/> I'm driving and will refer to the directions provided to find my way. | |
| <input type="checkbox"/> I'm flying and will need a ride from the airport . My arrival and departure schedule is shown below. | |
| <input type="checkbox"/> I'm flying, but do not need a ride . My arrival and departure schedule is shown below anyway. | |
| Arrival: Date & Time _____ | Airline & Flight No. _____ |
| Departure: Date & Time _____ | Airline & Flight No. _____ |

Special Dietary Requests/Restrictions: _____

Special Accommodations/Requests: _____

Make payment to SGSF and mail with registration to: **Debbie Kiser**
c/o South Carolina Forestry Commission – PO Box 21707 – Columbia, SC 29221
dkiser@forestry.state.sc.us

